## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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ndicated unioss corrected maintenance for notificati CURRENT CORPRESIONOR	Note: A cerufacte of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accumpanying						
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MEDTRONIC,	C PARKWAY NE		Certificate of Mailing as Transmission I hereby certify that this For(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FIR address above, or being isosnatile transmitted to the USFTO (371) 273-2885, on the date indicated below.				
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			Acceptance	***************************************			(Signature)
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APPLICATION NO.	FEJNG DATE		FIRST-NAMED IMVENT	ror.	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/689,112	19/20/2003		Mark T. Stewart		P-8	417.15	4236
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"Foe Address" indi- PTO'SB/47; Rev 63-60 Number is required.  ASSIGNEE NAME AN PLEAST NOTE: Unle recordance as set forth (A) NAME OF ASSIG Med	indence achiress for Cha (122) attached. Lation (or "Foc Address! On more recess) affach ND RESIDENCE DAT/ iss an assignee is ideal, in 37 CFR 3.11. Comp (NBB	nge of Correspondence  Indication from ed. Ose of a Customer  TO BE PRINTED ON fied below, no assignee lation of this form is NC	(i) the names of a or agents OR, sher (2) die name of a s registered attorney 2 registered patent hated, no name will THE PATENT (print of data will appear on il) The substitute for filing (B) RESIDENCE: (C. M.)	ingle firm (having as or agent) and the nat attempts or agents. If the printed.  r type) te patent. If an assig an assignment.  TYY and SYATE OR	a member a nes of up to fine name is nee is identification.	$\frac{{}^{2}Gicms}{{}^{3}Cacol}$ $\frac{{}^{3}Cacol}{{}^{3}Cacol}$ $\frac{{}^{4}Col}{{}^{4}Col}$	IC. Soldine (  Wolde-Michael  E. Barry  Incument has been filed for the property Government
ie. The following fee(s) are submitted:    Some Fee			Th. Payment of Fco(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038, is attached.  The Director is hereby authorized to charge the required foe(s), any deficiency, or credit any overpayment, to Deposit Account Number (2008).				
5. Change in Entity Stat	us (from status indicated SMALL ENTITY state	/ 3-25 / 5 U b, Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
	Publication Fee (if req	pred) will all be accept	ed from anyone other th	*********	*******	******************	te assignor or other party in
Aniibotozed Signature	M	4		Date	9/12	-/2	
Typed or primed name (arol F. Barry			Registration No. 44,600				
summittiig the completed this form ind/or suggesti Box 1440, Alexandria, Vi Alexandria, Virginia 2231	application form to the one for reducing this bu- riginia 22313-1450. DC 13-1450.	: UNP IO. Time will var rden, should be sent to th	y depending unon the l he Chief Information O COMPLETED FORM	norvidual case. Any inficer, U.S. Patent sn S TO THIS ADDRES	tomments on d Trademark SS. SEND TC	me amount or the Office, U.S. Dep F. Commissioner	I by the USPTO to princess of gathering, preparing, and me you require to complete arment of Commerce, P.O. for Patents, P.O. Box 1450, anniver